



Handwritten initials/signature.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

ROSE, Anthony

Appln. No.: 10/720,835

Filed: November 24, 2004

Title: MONITORING OF COMPUTER-RELATED RESOURCES AND ASSOCIATED METHODS AND SYSTI FOR DISBURSING COMPENSATION

Atty. Docket No.: 2618-0502

Confirmation No.: 3612

Group Art Unit: 3621

Examiner: OBEID, Mamon A.

Date: September 25, 2008

REPLY/AMENDMENT/LETTER
TRANSMITTAL COVER SHEET

Hon. Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a reply/amendment/letter in the above-identified application and includes the attachments hereto. The signature below is treated as the signature to the attachments in the absence of a signature thereto.

FEE REQUIREMENTS

	<i>Claims remaining after amendment</i>		<i>Highest number previously Paid For</i>		<i>Present Extra</i>	<i>Rate: Large/Small Entity</i>	
1. <i>Total</i>	26	minus	37	*	=	X \$50 / \$ 25 =	\$
			* If this number is less than 20, enter "20"				
2. <i>Independent Claims</i>	2	minus	3	**	=	X \$210 / \$105 =	\$
			** If this number is less than 3, enter "3"				
3. If amendment enters multiple dependent claim(s) into this application for first time (leave this line <u>blank</u> if this is an <u>reissue</u> application)						\$370 / \$185 =	\$
4. Original due date: July 2, 2008							
					Check time period and enter appropriate fee		
5. Petition is hereby made to extend the <u>original</u> due date to cover the date this response is filed for which the requisite fee is:					<input type="checkbox"/> 1 month <input type="checkbox"/> 2 months. <input checked="" type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months.	\$120 / \$60 \$460 / \$230 \$1050 / \$525 \$ 1640/ \$820 \$2230 / \$1115	\$525
6. <input type="checkbox"/> Attached is a Petition/Fee under Rule No.						\$	\$
7. Other Fee for IDS § 1.17 (p)							\$180

*This is a 2 page form,
continued on next page . . .*

In re Patent Application of:

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Attorney Docket No. 2618-0502

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8. Total Fee Enclosed:

\$705

9. ☒ Please charge the total fee on line 8 above to our deposit account below under the stated order number.

CHARGE STATEMENT: Deposit Account No. 501860, order no. (client-matter no.) 2618-0502.

The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/ Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

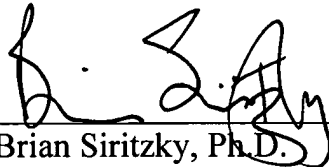
This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

CUSTOMER NUMBER

75948

Respectfully submitted,

By:


Brian Siritzky, Ph.D.

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